

Last Name: _____

Envelope #: _____



St. John the Evangelist Parish Census Form

Head of Household I

FName: _____ Middle Name: _____ LName: _____

Birth Date: _____ Birth Place (required): _____

Baptism Date: _____ Church/Location: _____

First Communion Date: _____ Church/Location: _____

Confirmation Date: _____ Church/Location: _____

Marriage Date: _____ Church/Location: _____

Address: _____

Occupation: _____

Personal Status: Marriage Catholic (recognize by Church) Married Other Single

Disability: Blind Mentally Handicapped Hearing Impaired Physically Disabled Home bound Other

Mass Attendance: Frequent Never Occasionally Sometimes

Head of Household II

FName: _____ Middle Name: _____ LName: _____

Birth Date: _____ Birth Place (required): _____

Baptism Date: _____ Church/Location: _____

First Communion Date: _____ Church/Location: _____

Confirmation Date: _____ Church/Location: _____

Marriage Date: _____ Church/Location: _____

Address: _____

Occupation: _____

Personal Status: Marriage Catholic (recognize by Church) Married Other Single

Disability: Blind Mentally Handicapped Hearing Impaired Physically Disabled Home bound Other

Mass Attendance: Frequent Never Occasionally Sometimes

Where you previously registered in another parish? Yes No

If yes: Name of Church _____

Diocese _____ City/State _____

Signature of person completing this form: _____

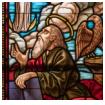
For communications:

Family Email: _____ Family cell: _____

Family Email: _____ Family cell: _____

(if applicable): Landline 1: _____

Landline 2: _____



St. John the Evangelist Parish

HOUSEHOLD CHILDREN

Child 1: __ Male __ Female

Grade: _____ FName: _____ LName: _____

Birth Date: _____ **Birth Place** (required): _____

Baptism Date: _____ Church/Location: _____

First Communion Date: _____ Church/Location: _____

Confirmation Date: _____ Church/Location: _____

Grade: _____ School: _____ Location: _____

Previous Religious Education Grade Completed/ Location: _____

Special Needs/Allergies _____

Child 2: __ Male __ Female

Grade: _____ FName: _____ LName: _____

Birth Date: _____ **Birth Place** (required): _____

Baptism Date: _____ Church/Location: _____

First Communion Date: _____ Church/Location: _____

Confirmation Date: _____ Church/Location: _____

Grade: _____ School: _____ Location: _____

Previous Religious Education Grade Completed/ Location: _____

Special Needs/Allergies _____

Child 3: __ Male __ Female

Grade: _____ FName: _____ LName: _____

Birth Date: _____ **Birth Place** (required): _____

Baptism Date: _____ Church/Location: _____

First Communion Date: _____ Church/Location: _____

Confirmation Date: _____ Church/Location: _____

Grade: _____ School: _____ Location: _____

Previous Religious Education Grade Completed/ Location: _____

Special Needs/Allergies _____

Emergency Contact 1: Name _____ Number: _____ Relation: _____

Emergency Contact 2: Name _____ Number: _____ Relation: _____

for office use only : Grade/Room assigned _____ Fee paid _____ / _____ Rel. Ed Coordinator _____ Census Entry _____